

**MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET**  
(FOR USE WITH FORM PTO-875)

SERIAL NO.

091876112

FILING DATE

APPLICANT(S)

**CLAIMS**

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT			*		*		*	
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1		1				51						
2	1		1				52						
3	1		1				53						
4	1		1				54						
5	1		1				55						
6	1		1				56						
7	1		1				57						
8		5		10			58						
9		5		6			59						
10		1		1			60						
11		1		1			61						
12		1		1			62						
13		1		1			63						
14		1		1			64						
15		1		1			65						
16		1		1			66						
17		1		1			67						
18		1		1			68						
19	1			2			69						
20	1			2			70						
21	1			2			71						
22		1		1			72						
23		1		1			73						
24		1		1			74						
25		1		1			75						
26		1		1			76						
27							77						
28				1			78						
29				1			79						
30				1			80						
31				1			81						
32				1			82						
33				1			83						
34				1			84						
35				1			85						
36							86						
37							87						
38							88						
39							89						
40							90						
41							91						
42							92						
43							93						
44							94						
45							95						
46							96						
47							97						
48							98						
49							99						
50							100						
TOTAL IND.	10	↓	10	↓		↓	TOTAL IND.		↓		↓		↓
TOTAL DEP.	26	↓	37	↓		↓	TOTAL DEP.		↓		↓		↓
TOTAL CLAIMS	36	↓	47	↓		↓	TOTAL CLAIMS		↓		↓		↓

\* MAY BE USED FOR ADDITIONAL CLAIMS OR AMENDMENTS